



GDA:FSDLA:062813

GEORGIA DEPARTMENT OF AGRICULTURE - LICENSING DIVISION
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Gary W. Black
COMMISSIONER



FOOD SAFETY DIVISION LICENSE APPLICATION

LICENSE SOUGHT
(Select all that apply)

FOOD SALES ESTABLISHMENT MOBILE VEHICLE WHOLESALE FISH DEALER

ESTABLISHMENT INFORMATION

Firm Name (Doing Business As) Water: Public or Well Water: Sewer or Septic
Corporation Name (As Filed With the Secretary of State) Ownership: Individual, Partnership, Corporation, LLP, or LLC

PHYSICAL ADDRESS

Street Address City County Zipcode

MAILING ADDRESS (If Different from PHYSICAL ADDRESS)

Street Address City State Zipcode

PHONE & ADDITIONAL INFORMATION

Phone Number Fax Number Contact Number - Owner Projected Opening Date Construction: New or Existing

OWNER INFORMATION

Owner or Corporate Officer Name Title

CO-OWNERS/PARTNERS/CORPORATE OFFICERS

Name Title
Name Title

EMAIL ADDRESS (Valid Email Address Required for License Renewal)

VEHICLE INFORMATION (For MOBILE VEHICLE, WHOLESALE FISH LICENSE, or ROLLING STORES (FOOD SALES) as applicable)

VIN Number Tag - Number Tag - State Make Model Year

WHOLESALE FISH DEALERS*

List all the fishery products your firm plans to wholesale, noting each item as either FRESH or FROZEN. Use the back of the form if you need additional space.

*A HACCP System that complies with state and federal regulations may be required for fishery products your firm produces or distributes.
Please submit HACCP plans/forms to the Seafood Safety Office via FAX: 912-966-7954 or by EMAIL: Sidney.Shepherd@agr.georgia.gov

LICENSING INFORMATION

Table with 4 columns: Type, Renewal Period, Fees, Accounting Code. Rows include Food Sales License, Mobile Vehicle License, and Fish Dealers License.

Make Check or Money Order Payable To: GEORGIA DEPARTMENT OF AGRICULTURE

APPLICANT - PRINTED NAME

APPLICANT - TITLE

APPLICANT - SIGNATURE

APPLICATION DATE

DEPARTMENT USE ONLY

Sanit. ID # FTC Date Received Check Date Check Number Amount Paid License #